BARRIERS TO ORAL HEALTHCARE FOR TRANSGENDER AND GENDER NONBINARY POPULATIONS

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ABSTRACT

Joshua Raisin: Barriers to Oral Healthcare for Transgender and Gender Nonbinary Populations
(Under the direction of Martha Ann Keels)

Despite health disparities and barriers to medical care being well documented in the literature, the oral health status and barriers to dental care for transgender and gender nonbinary (TGNB) individuals remain understudied. This study sought out to examine their perceived oral health, as well as their expectations, experiences, and gender identity-related factors influencing their acceptance or avoidance of dental care. 118 TGNB participants completed a 32-item questionnaire designed for this study. Data analysis relied on descriptive methods and bivariate comparisons using a conventional statistical significance criterion. Although over half of respondents had a dental visit in the last 12 months, participants' avoidance due to gender identity was significantly associated with measures of self-reported sub-optimal oral health. One-third reported being addressed by their incorrect name and pronouns. While these results need to be verified in larger and more diverse samples, they provide actionable information regarding this population's oral health and management.

This thesis is dedicated to the many transgender and gender nonbinary children and adults living across the United States - A testament to the hard work and commitment to ensure these people are welcomed and protected in our care. May we always remember the great privilege we have in caring for this population.

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LIST OF ABBREVIATIONS

TGNB	Transgender and gender nonbinary
LGBTQ+	Lesbian, gay, bisexual, transgender, queer or questioning

CHAPTER 1: INTRODUCTION

The development of gender identity is a natural process for most children. At two-years-old, a child can identify the different physical characteristics of boys and girls; at three-years-old, they can label themselves as either a boy or girl; and at 4-years-old, they have a stable sense of their own gender identity.[1] However, some children may struggle to identify with the sex assigned to them at birth. Assignment of sex at birth is premised on the presentation of external genitalia, while gender identity reflects one's inner sense of their gender. When these two components align, one is considered cisgender. Conversely, one is transgender when they do not align. Gender identity is traditionally thought to be binary (i.e., male and female); however, other common identities include nonbinary, genderqueer, genderfluid and agender.[2,3]

Expression of alternative forms of gender identity can cause gender dysphoria, which refers to the distress impressed upon on an individual who feels an incongruency between the sex assigned at birth and the gender with which they identify.[4] This distress may be enhanced with the pubertal development of secondary sex characteristics. Individuals may choose to align gender expression and gender identity through social means, medical or surgical interventions.
Social transition, which is completely reversible, may include changes to one's name, pronouns, and appearance to what is socially typical of the targeted gender expression. This may involve changes to hairstyle, clothing, cosmetics wear, amongst other aspects of physical appearance.[3]
Social transition may also occur concurrently with medical transition. Medical transition may encompass the use of hormone blockers at the very early stages of puberty, and gender-affirming hormones can be utilized to feminize or masculinize physical features at later stages.[5] Surgical

transition typically is offered later and may include facial feminization, vaginoplasty, penectomy, breast augmentation, mastectomy, hysterectomy, and vaginectomy.[3]

Transition in childhood is heavily influenced by families' acceptance. To date, there are no long-term studies on children who completed early transitions, and as a result, there are no formal clinical recommendations for children on the appropriate timing of transition. Mental health professionals can provide resources to help children and their families decide the appropriate timing and process for gender transition. Additionally, gender dysphoria in childhood does not necessarily continue into adulthood. Thus, parents may opt for their child to experiment with a social transition before proceeding with interventions including hormone therapy and surgery.[2]

Health disparities amongst transgender and gender nonbinary (TGNB) communities are well documented in the literature and include poor health and disability. There are many reasons for these disparities: financial barriers to health care, trouble finding gender affirming providers, lack of social network and support, as well as lifetime victimization.[6-8] Actual and anticipated discrimination are key barriers to accessing care. Actual discrimination is when health care providers make transphobic comments. Anticipated discrimination refers to the expectation of being marginalized because of social stigmas or past negative encounters in health care settings.[9-11] A history of anti-transgender violence, or fear of it, may prevent an individual from seeking their medical care.

The discrimination encountered by TGNB youth and adults may lead to an array of negative physical and mental health disorders. Depression, and actual or attempted suicide are common sequelae of such marginalization. TGNB individuals often report being victim to verbal harassment and feeling unwelcome because of their gender expression.[12] Exclusion from society

may also include parental rejection. Many of these children and young adults experience homelessness, which has also been associated with higher rates of mental health disorders and suicidality.[13]

TGNB adolescents and adults are often subject to substance abuse, tobacco smoking, and high-risk sexual behaviors.[14,15] They report a greater number of drinking days and heavy drinking episodes than their gender normative counterparts.[16] These individuals also show a high incidence of sexually transmitted diseases that can be attributed to earlier onset of sexual experiences, increased number of sexual encounters with multiple partners, and poor education on safe sex practices. According to the 2015 US Transgender Survey, the prevalence of HIV infection was 5 times greater for trans and non-binary individuals relative to the general population.[14]

There are approximately 1.4 million transgender adults living in the United States.[17] Formal epidemiologic studies on the incidence and prevalence of TGNB identities have not been conducted primarily because of lack of a representative sample. Studies are only based on those individuals that present for gender-affirming care at specialist gender clinics.[18] Current literature suggests that there is an increasing number of individuals seeking gender-affirming care.[19,20]

While more individuals identify as trans and nonbinary, several barriers need to be worked through, including those related to health care. Indeed, government health care programs (e.g., Medicaid) and some private insurance plans have started to incorporate coverage for gender-confirming surgery. Despite lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+) health disparities having been studied through federally funded health surveys, most have not collected information on participants' gender identity.[21] Many trans and nonbinary individuals avoid seeking health care out of hesitation for being mistreated. Kosenko et al.[22] found 71% of transgender individuals to report at least one event of health-care-related

mistreatment, and 23% reported greater than one event. These instances included: (1) insensitivity to one's gender identity, (2) awkward interactions believed to be related to gender identity, (3) refusal of care, (4) substandard care, (5) verbal abuse, and (6) being forced to seek psychiatric treatment. There are insufficient data to support that health care professionals are adequately trained to provide appropriate care to this community.[23] According to the 2015 U.S. Transgender Survey, 24% of respondents reported having to teach their provider about trans people in order to receive appropriate care. Several other reports[24-26] have illustrated the frustration and concerns trans patients have with mental health professionals understanding their gender-affirming needs, including need for medical and surgical services.

To date, there is minimal literature pertaining to the oral health status of trans and nonbinary youth and adults. While a small group of trans adolescents and young adults 14 through 24 years old have reported positive experiences with their oral health care providers[27], many gender expansive individuals visit the dentist less frequently[28] and exhibit higher levels of dental fear.[29] The standard of care is for patients to see the dentist biannually, allowing the opportunity for dental practitioners, hygienists and auxiliary staff to examine patients' oral health on a regular basis. Dental professionals have the fiduciary responsibility to provide honest and equal care to all people independent of their gender identity or expression. It is therefore critical that members of the oral health care community are well-informed on issues related to this community, including health-related disparities. To this end, the proposed study aimed to assess TGNB individuals' experiences and expectations related to their oral health and dental care.

CHAPTER 2: METHODS

Section 2.1: Study Design and Objective:

The overarching goal of this research project was to understand transgender and gender nonbinary individuals' expectations and experiences associated with dental care and their self-reported oral health status. To this end, we recruited and enrolled individuals identifying as transgender or nonbinary to participate via completing an electronically administered questionnaire. The study was approved by the Institutional Review Board of the University of North Carolina (UNC) at Chapel Hill, NC, North Carolina, United States (#20-0270).

Section 2.2: Study Sample:

Eligible participants were individuals who self-identified as TGNB and were 13 years of age or older. Recruitment was done via online postings, listservs, and word of mouth between December 2020 and July 2021. Specifically, the electronic questionnaire was disseminated through TRANSnetwork, the UNC Transgender Health Program, and the Duke Child and Adolescent Clinic.

Section 2.3: Questionnaire Development:

A 32-item questionnaire was developed to collect information and address the study's research questions. The questionnaire was initially pilot tested with a subset of participants from the UNC Pediatric Transgender Clinic and was iteratively revised. Questions assessing dental management and expectations of TGNB individuals were uniquely designed for this study. Themes for building the questionnaire were extrapolated from medical and psychological literature, and included: sensitivity/consideration, knowledge of gender affirming care, refusal of

dental care, substandard care, verbal abuse, and avoidance.[15] Specifically, participants were asked about the importance of dentists' awareness of LGBTQ+ issues, their experiences and attitudes related to dental care associated with gender identity including dental care avoidance due to gender identity. Participants were also asked about oral the frequency of experiencing oral health-related problems and related impacts on their daily life. A single questionnaire item asking participants about their perceived oral health status (i.e., excellent, very good, good, fair, or poor) was used verbatim from the National Health and Nutrition Examination Survey (NHANES). Finally, an open-ended question concluded the questionnaire and was targeted at providing participants with space to express any additional comments and concerns regarding their dental care experiences.

Section 2.4: Analytical Approach:

Analyses of responses to the closed-ended questionnaire items relied on descriptive and bivariate methods. Initial data presentation was based on the presentation of counts and percentages, among the entire sample and stratified by age group (i.e., 25 and younger versus 26 and older). Differences between age groups were tested using Fisher's Exact test and a conventional $p<0.05$ statistical significance criterion. Associations between dentist avoidance (i.e., responses to the question "How often do you avoid the dentist because of your gender identity?) and measures of subjective oral health (i.e., self-reported oral health status, oral pain, and various impacts on daily life) were tested using a non-parametric rank-based trend test (PMID: 3992076) . Analysis of responses to the open-ended question relied on a qualitative description approach (PMID: 29204457) wherein major emerging themes and illustrative quotes were identified and reported.

CHAPTER 3: RESULTS

Between December 2020 and July 2021, there were 129 electronic survey responses received; of those, 118 responses met the study's eligibility criteria and contained complete information. Thus, the results presented hereafter, are based on responses provided by 118 study participants with a mean age of 32 years (range: 13-70 years). The sample of respondents comprised a relatively equal number of trans man, trans woman, and nonbinary individuals. Approximately three-quarters of participants had completed higher level education (i.e., graduate/professional school, college) and had private medical insurance. We found no appreciable differences in demographic characteristics between younger and older respondents, except for their level of completed education. A description of demographic characteristics of participants included in the analytical sample is presented in **Table 1**.

Participants' responses to questions related to dental care and oral health-related information are presented in **Table 2**. Almost half of respondents had not visited the dentist during the last 12 months, and this was consistent between young and older individuals. Importantly, approximately one-third of our participants (39%) reported having suboptimal, i.e., fair or poor oral health, with no age-related differences.

Our data revealed a contrast between participants' expectations and actual experiences at the dentist. While three quarters of respondents found it either important or very important for their dentist to have LGBTQ affirming visuals and display of a non-discrimination policy (**Table 3**), most had hardly ever or never seen them (**Table 4**). Almost all participants considered being addressed by their correct name and pronouns as very important. Virtually everyone considered

important or very important that their dentist and support staff have an accurate understanding of the trans and nonbinary communities, with this being significantly more prevalent among older participants (**Table 3**). Over half of the entire sample, however, felt that their dental home was hardly ever or never equipped with adequate knowledge to provide appropriate care.

Although most respondents reported never being refused dental services, experiencing verbal abuse, or receiving unfair care, few participants reported having these experiences at least occasionally (**Table 5**). Moreover, half (48%) of participants reported avoiding the dentist at least occasionally because of their gender identity. Several respondents reported issues related to their oral health, including painful aches, difficulty completing work/school tasks, and embarrassment related to their teeth/mouth (**Table 6**). Importantly, dentist avoidance was significantly and positively correlated with these reported problems and impacts on their quality of life (**Table 7**).

In thematic analysis of responses to the open-ended question, we found 4 major emerging themes including: (1) insensitivity and lack of consideration; (2) awkward interactions; (3) avoidance; and (4) lack of gender-affirming providers. Several suggestions for improving care for trans and nonbinary people in the dental setting were offered by participants (**Table 8**).

CHAPTER 4: DISCUSSION

Section 4.1: General Discussion

In this study, we sought to understand experiences and expectations of TGNB youth and adults associated with oral health and dental care. Our findings are significant and alarming. Participants reported several important issues associated with sub-optimal experiences in the dental care setting that may lead to avoidance of care. Importantly, these were also associated with reported oral health problems and impacts on daily life. Taken together, this study's results highlight several issues that deserve attention and can help dental practitioners and their teams optimize care and oral health management of genderqueer people.

Health disparities and mistreatment of TGNB individuals have been reliably reported in the medical literature[22-24]; however, little is known about this community's oral health status and experiences in the dental setting. Similar to what has been shown in the medical journals, our findings reflect some dental providers' insensitivity to gender minorities and the health needs of TGNB people. Several discrepancies were apparent between participants' expectations and their actual experiences with their oral health provider. Despite the high expectations for seeing gender inclusive visual displays and non-discrimination policies, many respondents did not see them at their dentist. Contrary, they even expressed instances of being addressed by their wrong name and pronouns. Older participants placed higher value on the need for an accurate understanding compared to younger participants, which may be attributed to them having had a greater number of experiences at the dentist. In other words, it is reasonable to suggest that older

participants have had more instances of being misunderstood for their gender-affirming care and transition.

Like reported with other minorities within the LGBTQ+ community[28,30], our study found genderqueer people to visit the dentist less frequently and self-report poorer oral health compared to their non-genderqueer counterparts. This is consistent with previous research[31] finding transgender youth to abandon oral health practices despite accessible care. Perhaps the most salient of findings in our study was related to the tendency of our participants to avoid the dentist because of their gender identity. Relative to gay, lesbian and bisexual people, transgender individuals fall victim to a higher prevalence of discrimination[15]. As a result, many of them avoid or delay seeking healthcare or only selectively disclose their gender identity to avoid possible marginalization.[32] Prolonged healthcare avoidance may subsequently lead to worse physical and mental health outcomes[33], while selective disclosure of gender identity can lead to inadequate care strategies.[34] In a similar fashion, our findings unfortunately show dental care avoidance to be associated with multiple measures of poor subjective oral health, further highlighting possible components to health disparities for TGNB communities.

Our results were largely consistent between young and older participants. Although our study is not representative of the larger population, it is important to note that we achieved a diverse representation of gender identities in the sample, including balanced proportions of self-identified trans men, trans women and gender nonbinary individuals. It is also important to note most participants had some form of private or publicly funded health insurance. Transgender individuals with health insurance have been shown to access healthcare and affirming care with greater ease than those without coverage.[35] Our study's findings further highlight access to care issues for uninsured individuals.

It is important to acknowledge that aspects of TGNB oral health were not addressed in this study. Firstly, while the majority of participants reported having some form of medical insurance, our study did not collect information about whether they had dental insurance. We, therefore, were unable to assess dental insurance as a possible barrier for access to oral healthcare. Previous literature has not shown issues with obtaining dental insurance and receiving services, but rather challenges with processing claims because of discrepancies between patients' name given at birth and actual name.[27] Secondly, we did not investigate differences between racial/ethnic groups, as possible additional layers of healthcare inequality. Secondary analysis of the 2015 US Transgender Survey has shown Hispanic, biracial/multiracial and other racial/ethnic minorities to more likely report avoidance relative to non-Hispanic white people.[35] It is reasonable to propose this to be applicable to oral healthcare access as well. Lastly, our study did not specify whether participants had in fact undergone gender affirming treatment. Beyond insurance being a factor in affirming therapy, it is vital to remember that individuals may self-identify as TGNB in the absence of professional psychological or medical intervention.

Section 4.2: Management Recommendations

The aforementioned findings elucidate the unpreparedness of oral health practitioners to provide comprehensive care to TGNB people. With very few respondents feeling that their dentist and staff demonstrate accurate knowledge, there is opportunity to improve practitioner knowledge on gender identity and affirmative care within oral health curricula. Many improvements can be made at the individual level through visual displays of welcoming to the TGNB community (i.e., safe space sticker, inclusive photos and magazines), display of a non-discrimination policy, gender-inclusive language, and inclusive intake forms.[36] Additionally, the language used by gender minorities can be rather unique. It is pertinent for dentists and support

staff to understand differences between gender identity and sex assigned at birth. TGNB people using pronouns correlating to their gender identity report greater satisfaction and less anxiety when addressed correctly[27], thus making it crucial to ask patients their identity and pronouns when obtaining a medical history or engaging in casual conversation.[37,38]

Misgendering and addressing a patient by their incorrect name can be a negative trigger and foster an unwelcoming environment for TGNB individuals. Despite the need to record a patient's sex assigned at birth to implement appropriate health screening measures, it is vital for practitioners to understand that a person's sex, gender identity, and gender expression do not always fit traditional societal expectations.[37] A two-step method[39], which involves recording the gender assigned at birth and the gender that the individual identifies with, has proven to be an effective means to allow health professionals to have comprehensive patient records.[32] Should a dentist feel unequipped to meet a patient's needs themselves for any reason, they should be aware of trans affirming providers in the community.[36]

The results of the present study provide important insights into transgender individuals' perceived oral health, previous experiences, and management preferences in the dental environment. While these results will need to be verified in larger and more diverse samples, they provide alarming and actionable information regarding this vulnerable population's oral health and care. Moreover, the strength of our findings will hopefully serve as a catalyst for further research into oral health disparities and barriers to care for this community.

Section 4.3: Limitations

Our study design presents two primary limitations. We employed convenience sampling with recruitment via an online survey distributed by select listservs. This limited the questionnaire to individuals with internet access. The networks used for our recruitment target

individuals with health-conscientious behaviors and means to undergo gender affirming therapy. Thus, our findings are not inclusive of those individual unable to seek professional healthcare. Additionally, the questionnaire was in English only, thus English illiterate people were excluded from participation.

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CHAPTER 5: CONCLUSIONS

1. Although TGNB individuals reported few instances of refusal, receiving unfair care and being bullied, many expressed avoiding the dentist for reasons related to their gender identity.
2. Avoidance of dental care due to gender identity was found to be significantly associated with multiple measures of poor self-reported oral health.
3. A gap existed between TGNB individuals' reported values/expectations and their actual experiences in the dental setting.
4. Additional research with more diverse groups of TGNB people is needed to better address barriers to oral healthcare for this community.

APPENDIX 1: TABLE OF DEMOGRAPHIC INFORMATION

	Entire sample	**25 or younger**	**26 or older**	
	n (column %)	n (column %)	n (column %)	P*
All participants; n (row %)	118 (100)	41 (35)	77 (65)	
Age, years: mean (SD); range	32 (12); 13-70	21 (3); 13-25	38 (10); 26-70	
Gender identity				0.102
Woman	44 (37)	10 (24)	34 (44)	
Man	40 (34)	16 (39)	24 (31)	
Non-binary	34 (29)	15 (37)	19 (25)	
Location				0.934
Large city	30 (25)	10 (24)	20 (26)	
Rural area	13 (11)	5 (12)	8 (10)	
Small city or town	35 (30)	11 (27)	24 (31)	
Suburb near large city	40 (34)	15 (37)	25 (32)	
Education completed				0.045
Graduate/professional	29 (25)	9 (22)	20 (26)	
College/university	53 (45)	13 (32)	40 (52)	
High school	31 (26)	16 (39)	15 (19)	
Secondary school	4 (3)	2 (5)	2 (3)	
Elementary school	1 (1)	1 (2)	0 (0)	
Medical insurance				0.758
Medicaid	13 (11)	3 (7)	10 (13)	
No insurance	4 (3)	2 (5)	2 (3)	
Medicare	11 (9)	4 (10)	7 (9)	
Private	90 (76)	32 (78)	58 (75)	
*derived from a Fisher's exact test				

APPENDIX 2: TABLE OF DENTAL CARE-RELATED INFORMATION

	Entire sample	**25 or younger**	**26 or older**	
	n (column %)	n (column %)	n (column %)	P*
All participants; n (row %)	118 (100)	41 (35)	77 (65)	
Regular dentist specialty				0.12
General/family dentist	88 (93)	30 (91)	58 (94)	
Pediatric dentist	2 (2)	2 (6)	0 (0)	
Never been to the dentist	5 (5)	1 (3)	4 (6)	
missing	23	8	15	
How many times in the last 12 months have you been to the dentist?				0.96
0	51 (43)	17 (42)	34 (44)	
1	30 (25)	10 (24)	20 (26)	
2	22 (19)	8 (20)	14 (18)	
3 or more	15 (13)	6 (15)	9 (12)	
Subjective oral health status				0.21
Excellent	11 (10)	7 (18)	4 (6)	
Very good	25 (23)	7 (18)	21 (30)	
Good	32 (29)	13 (32)	19 (27)	
Fair	28 (25)	4 (10)	11 (15)	
Poor	15 (14)	9 (22)	16 (23)	
*derived from a Fisher's exact test				

APPENDIX 3: TABLE OF EXPECTATIONS IN DENTAL SETTING

	Very important	Important	No preference	Not important	Not important at all	Difference between age groups
At any dentist, how important is it to you:						
to see trans affirming visual displays	36 (31)	49 (42)	26 (22)	3 (3)	2 (2)	None
to see non-discrimination policy on gender identity	65 (56)	43 (37)	8 (7)	0 (0)	0 (0)	None
to be addressed by your name	110 (95)	5 (4)	1 (1)	0 (0)	0 (0)	None
to be addressed by correct pronouns	107 (92)	8 (7)	1 (1)	0 (0)	0 (0)	None
for your dentist to have an accurate understanding of the trans, gender queer, and/or gender non-binary communities	33 (28)	63 (54)	17 (15)	3 (3)	0 (0)	↑ older
for your dentist's staff to have an accurate understanding of the trans, gender queer, and/or gender non-binary communities	35 (30)	64 (55)	14 (12)	3 (3)	0 (0)	↑ older

APPENDIX 4: TABLE OF ACTUAL EXPERIENCES IN DENTAL SETTING

	Very often	Fairly often	Occasionally	Hardly ever	Never	Difference between age groups
At any dentist, how often:						
do you see LGBTQ and trans affirming visual displays?	1 (1)	0 (0)	7 (6)	22 (20)	78 (72)	None
do you see a non-discrimination policy on gender identity?	3 (3)	6 (6)	14 (13)	20 (19)	64 (60)	None
are you addressed by your name?	54 (51)	11 (10)	8 (8)	7 (7)	26 (25)	None
are you misgendered?	19 (18)	17 (16)	20 (19)	11 (10)	39 (37)	None
does your dentist have an accurate understanding of the trans, gender queer, and/or gender non-binary communities?	7 (7)	12 (12)	26 (25)	33 (32)	26 (25)	None
does your dentist's staff have an accurate understanding of the trans, gender queer, and/or gender non-binary communities?	5 (5)	15 (14)	28 (27)	27 (26)	30 (29)	None

APPENDIX 5: TABLE OF RESPONSES TO INSTANCES OF MISTREATMENT

	Very often	Fairly often	Occasionally	Hardly ever	Never	Difference between age groups
At any dentist, how often:						
are you refused dental services because of your gender identity?	2 (2)	3 (3)	5 (4)	14 (12)	92 (79)	None
are you bullied (i.e., verbally abused) because of your gender identity?	1 (1)	0 (0)	10 (9)	16 (14)	88 (77)	None
are you given unfair care because of your gender identity?	3 (3)	0 (0)	14 (12)	18 (16)	80 (70)	None
How often do you avoid the dentist because of your gender identity?	17 (15)	20 (17)	19 (16)	13 (11)	47 (41)	None

APPENDIX 6: TABLE OF RESPONSES TO ORAL HEALTH QUESTIONS

	Very often	Fairly often	Occasionally	Hardly ever	Never	Difference between age groups
How often during the last year have you:						
had painful aching anywhere in your mouth?	9 (8)	19 (17)	33 (30)	32 (29)	18 (16)	None
had difficulty doing your usual jobs or attending school because of problems with your teeth or mouth?	2 (2)	6 (5)	16 (14)	21 (19)	66 (59)	None
found it uncomfortable to eat any foods because of problems with your teeth or mouth?	10 (9)	16 (14)	22 (20)	30 (27)	33 (30)	None
been self-conscious or embarrassed because of your teeth or mouth?	30 (27)	9 (8)	22 (20)	16 (14)	34 (31)	None

APPENDIX 7: TABLE OF ASSOCIATIONS - AVOIDANCE AND ORAL HEALTH

	Subjective oral health measure	P*	trend
Avoidance	Self-reported poor oral health status	0.0012	+
Avoidance	Self-reported oral pain last 12 mo.	0.0053	+
Avoidance	Difficulty w/jobs or school due to oral problems	0.0040	+
Avoidance	Uncomfortable eating due to oral problems	0.0743	=
Avoidance	Self-conscious or embarrassed due to oral problems	0.0030	+
*obtained with a non-parametric rank-based (Cuzik) trend test			

APPENDIX 8: TABLE OF THEMES AND ILLUSTRATIVE QUOTES

Insensitivity	• "My dental hygienist wanted to know how much my voice would change and asked detailed questions, which I did not think were relevant to dental hygiene." • "People assume I'm cis so I don't run into trouble but I have heard staff talking despairingly about people who use 'they' and it's a bit disappointing."
Awkward interactions	• "… this includes small talk with the hygienists: they're often very sweet people, but they don't often know what to say to a queer/trans person." • "… My dentist ended up handling it fairly well, but it was a very awkward coming out process that put a lot of the burden on me to explain."
Avoidance	• "I haven't been to dentist since I began transitioning about 6 years ago and I've been too scared to since even though I finally have good insurance." • "Though I have had dental insurance for the past few years, I have avoided going because of anxiety around my gender identity and expression. I'm not even sure how to find a gender affirming dentist and will avoid it unless there is an emergency."
Lack of affirming provider	• "… If I had access to affirming dental care here it would literally change my life in much the same ways access to hormones has affected my life…" • "I haven't had to go to the dentist since transitioning but I dread it. I don't know any LGBTQ affirming practices in my community."
Suggestions for improved care	• "… I don't feel comfortable "coming out" or telling my dentist or professional about my gender identity because I have no gauge of how accepting they will be or if I will possibly experience transphobia. Having indicators around the office, or asking pronouns and name on new patient sheets would help start that process I think for myself and others."

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